

# PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

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| <p>1. Agency/Subagency originating request<br/>U.S. Environmental Protection Agency</p>  | <p>2. OMB control number                      b. X None<br/>a. _____ - _____                      2060</p>  |
| <p>3. Type of information collection (<i>check one</i>)</p> <p>a. <input type="checkbox"/> X New collection</p> <p>b. <input checked="" type="checkbox"/> G Revision of a currently approved collection</p> <p>c. <input checked="" type="checkbox"/> G Extension of a currently approved collection</p> <p>d. <input checked="" type="checkbox"/> G Reinstatement, <b>without change</b>, of a previously approved collection for which approval has expired</p> <p>e. <input checked="" type="checkbox"/> G Reinstatement, <b>with change</b>, of a previously approved collection for which approval has expired</p> <p>f. <input checked="" type="checkbox"/> G Existing collection in use without an OMB control number</p> <p><i>For b-f, note item A2 of Supporting Statement Instructions</i></p>  | <p>4. Type of review requested (<i>check one</i>)</p> <p>a. <input checked="" type="checkbox"/> X Regular</p> <p>b. <input checked="" type="checkbox"/> G Emergency - Approval requested by: ____/____/____</p> <p>c. <input checked="" type="checkbox"/> G Delegated</p> <p>5. Small entities<br/>Will this information collection have a significant economic impact on a substantial number of small entities?    <input checked="" type="checkbox"/> G Yes    <input type="checkbox"/> X No</p> |
| <p>6. Requested expiration date<br/>a. <input checked="" type="checkbox"/> X Three years from approval date    b. <input checked="" type="checkbox"/> G Other Specify: ____/____/____</p>  |   |
| <p>7. Title: <i>IAQ Practices in Schools Survey</i></p>  |   |
| <p>8. Agency form number(s) (<i>If applicable</i>) ICR# 1885.01</p>  |   |
| <p>9. Keywords : Indoor Air Quality, IAQ, Schools</p>  |   |
| <p>10. Abstract</p> <p>Title IV of the Superfund Amendments and Reauthorization Act of 1986 (SARA) gives the U.S. Environmental Protection Agency (EPA) broad authority to research indoor air quality (IAQ) issues, develop and disseminate information on indoor air quality, and coordinate efforts at the Federal, state, and local levels. As part of this ongoing effort, the Indoor Environments Division (IED) of EPA's Office of Radiation and Indoor Air developed low-cost guidance for schools, entitled <i>IAQ Tools for Schools</i>, to assist school staff in preventing, identifying, and solving problems. EPA has distributed approximately 40,000 kits to date, over half of them to individual schools.</p> <p>Using a four-page survey, EPA proposes to collect data from individual schools throughout the United States. This survey will be used to gain information regarding the number of schools that have implemented sound IAQ-management practices, such as those activities recommended in <i>IAQ Tools for Schools</i>. These data are essential for measuring the effectiveness of EPA's outreach efforts against the Agency's established Government Performance Results Act of 1993 (GPRA) goal. EPA is working towards achieving the implementation of sound IAQ practices in 15 percent or (16,650) of the nation's public and private schools by 2005.</p> <p>To determine its success in achieving this goal, EPA intends to survey elementary and secondary schools selected randomly from a potential pool of all public and private schools operating in the United States. A survey and instructions for completing it will be sent to each randomly-selected school. Schools will be given up to 30 days to respond. In addition to providing data on EPA's attainment of its GPRA goal for the implementation of sound IAQ-management practices in schools, EPA will use the data collected to evaluate the effectiveness of <i>IAQ Tools for Schools</i> and other outreach efforts. If necessary, EPA will resurvey schools in 2005 to determine whether the Agency has met its GRPA goal.</p> <p>It is important to note that the survey is designed to measure the use of sound IAQ-management practices in schools, rather than the indoor air quality of the schools themselves.</p> |   |
| <p>11. Affected public (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Individuals or households    d. <input type="checkbox"/> Farms</p> <p>b. <input type="checkbox"/> Business or other for-profit    e. <input type="checkbox"/> Federal Government</p> <p>c. <input checked="" type="checkbox"/> X Not-for-profit institutions    f. <input checked="" type="checkbox"/> P State, Local or Tribal Government</p>   | <p>12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> P Voluntary</p> <p>b. <input checked="" type="checkbox"/> G Required to obtain or retain benefits</p> <p>c. <input checked="" type="checkbox"/> G Mandatory</p>   |
| <p>13. Annual reporting and recordkeeping hour burden</p> <p>a. Number of respondents    <u>1,612</u></p> <p>b. Total annual responses    <u>806</u></p> <p>    1. Percentage of these responses collected electronically    <u>0</u> %</p> <p>c. Total hours requested    <u>564</u></p> <p>d. Current OMB inventory    <u>0</u></p> <p>e. Difference    <u>564</u></p> <p>f. Explanation of difference</p> <p>    1. Program Change    <u>564</u></p> <p>    2. Adjustment    <u>0</u></p>   | <p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <p>a. Total annualized capital/startup costs    <u>\$0</u></p> <p>b. Total annual costs (O&amp;M)    <u>\$0</u></p> <p>c. Total annualized cost requested    <u>\$0</u></p> <p>d. Current OMB inventory    <u>\$0</u></p> <p>e. Difference    <u>\$0</u></p> <p>f. Explanation of difference</p> <p>    1. Program change New Collection    <u>\$0</u></p> <p>    2. Adjustment    <u>\$0</u></p>        |

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| <p>15. Purpose of information collection (<i>Mark Primary With "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits      e. <input checked="" type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation              f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics      g. <input type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p> | <p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input type="checkbox"/> Recordkeeping                      b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>1. <input type="checkbox"/> On occasion              2. <input type="checkbox"/> Weekly              3. <input type="checkbox"/> Monthly</p> <p>4. <input type="checkbox"/> Quarterly              5. <input type="checkbox"/> Semi-annually      6. <input type="checkbox"/> Annually</p> <p>7. <input checked="" type="checkbox"/> Biannually              8. <input type="checkbox"/> Other (describe) _____</p> |
| <p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p style="text-align: center;">X Yes      Q No</p>  | <p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <b>John Guevin</b> _____</p> <p>Phone: <u>202-564-9055</u> _____</p>   |

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

**NOTE:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

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|--|---|------|
| Signature of Program Official            | <b>Mary T. Smith, Director</b><br><b>Indoor Environments Division</b><br><b>Office of Radiation and Indoor Air (ORIA)</b>   | Date |
| Signature of Senior Official or designee | <b>Oscar Morales, Director</b><br><b>Collection Strategies Division</b><br><b>Office of Environmental Information (OEI)</b> | Date |